

IF THE PAGE FILMED IS NOT  
AS LEGIBLE AS THIS LABEL,  
IT IS DUE TO THE QUALITY  
OF THE ORIGINAL.

8504-5

<b>EPA</b>		<b>POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT</b>		REGION VI	SITE NUMBER (to be assigned by HQ) AR 1171
<b>NOTE:</b> This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b>				ARD 990 742 934	
A. SITE NAME Union Carbide		B. STREET (or other identifier) Hwy 270 East of Hot Springs Rt. 5 Box 943			
C. CITY Hot Springs		D. STATE AR	E. ZIP CODE 71901	F. COUNTY NAME Garland	
G. OWNER/OPERATOR (if known) 1. NAME T. Washborn				2. TELEPHONE NUMBER (501) 262-1270	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION Vanadium Oxide Manufacturer					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Exkardt List				K. DATE IDENTIFIED (mo., day, & yr.) 11/1/79	
L. PRINCIPAL STATE CONTACT 1. NAME Tony Morris, ADPCE				2. TELEPHONE NUMBER (501) 562-7444	
<b>II. PRELIMINARY ASSESSMENT (complete this section last)</b>					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: July-August 85 b. WILL BE PERFORMED BY: FIT <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: SUPERFUND FILE b. WILL BE PERFORMED BY: JUN 05 1992 <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) REORGANIZED					
C. PREPARER INFORMATION 1. NAME Raymond Roblin, FIT 2. TELEPHONE NUMBER (214) 742-6601 3. DATE (mo., day, & yr.) July 10, 1985					
<b>III. SITE INFORMATION</b>					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2819					
C. AREA OF SITE (in acres) 50 Acres		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 34°28'00" N 2. LONGITUDE (deg.-min.-sec.) 92°56'52" W			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Production Building					

T2070-2 (10-79)

Continue On Reverse

Reviewed by G.W.S.C.  
date 9/2/85

IF THE PAGE FILMED IS NOT  
AS LEGIBLE AS THIS LABEL,  
IT IS DUE TO THE QUALITY  
OF THE ORIGINAL.

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY					
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.					
<input checked="" type="checkbox"/> A. TRANSPORTER 1. RAIL 2. SHIP 3. BARGE 4. TRUCK 5. PIPELINE 6. OTHER (specify):	<input checked="" type="checkbox"/> B. STORER 1. PILE 2. SURFACE IMPOUNDMENT 3. DRUMS 4. TANK, ABOVE GROUND 5. TANK, BELOW GROUND 6. OTHER (specify):	<input checked="" type="checkbox"/> C. TREATER 1. FILTRATION 2. INCINERATION 3. VOLUME REDUCTION 4. RECYCLING/RECOVERY 5. CHEM./PHYS. TREATMENT 6. BIOLOGICAL TREATMENT 7. WASTE OIL REPROCESSING 8. SOLVENT RECOVERY 9. OTHER (specify):	<input checked="" type="checkbox"/> D. DISPOSER 1. LANDFILL 2. LANDFARM 3. OPEN DUMP 4. SURFACE IMPOUNDMENT 5. MIDNIGHT DUMPING 6. INCINERATION 7. UNDERGROUND INJECTION 8. OTHER (specify):		
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED					
Facility uses the "Salt Roast" process to extract Vanadium from ore.					
V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. LIQUID <input checked="" type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS					
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input checked="" type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE <input type="checkbox"/> 10. OTHER (specify):					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.					
Wastes are monitored through NPDES program.					
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT Unknown	AMOUNT None	AMOUNT None	AMOUNT Unknown	AMOUNT Unknown	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			X (10) METALS		
			X (11) OTHER (specify) Chlorides		

IF THE PAGE FILMED IS NOT  
AS LEGIBLE AS THIS LABEL,  
IT IS DUE TO THE QUALITY  
OF THE ORIGINAL.

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Chlorides, Metals				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
ADPCE is currently conducting investigations to assess whether there has been any permit violations or impact to the local environment.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY		X	Unknown	Samples Dated 1/85, 10 wells
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER		X	1/25/85	Ongoing investigation by ADPCE
8. CONTAMINATION OF SURFACE WATER	X			Discharge is to Lake Catherine
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR		X	Unknown	
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS		X	1970	Excessive siltation in L. Catherine runoff
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

IF THE PAGE FILMED IS NOT  
AS LEGIBLE AS THIS LABEL,  
IT IS DUE TO THE QUALITY  
OF THE ORIGINAL.

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input checked="" type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify): <u>Water and air</u>	
<input checked="" type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): _____			
B. IN COMPLIANCE?			
<input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
4. WITH RESPECT TO (list regulation name & number): <u>NPDES AR0000523, State Air 316-A</u>			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
Unknown			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Well Sampling, resistivity	1/85	State	Elevated chlorides, ammonia, nitrates
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			